

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							98						
50							99						
TOTAL IND.							100						
TOTAL DEP.							TOTAL IND.	11					
TOTAL CLAIMS							TOTAL DEP.	56					
							TOTAL CLAIMS	67					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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